

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18054

FILED MAY 24 1944

Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 382

1. PLACE OF DEATH:

(a) County. Greene
(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1012 Meadowmere
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution. None (Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT
FULL NAMELester Carl Holt

3. (b) If veteran,

name war. Unknown

3. (c) Social Security

No. Unknown

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married,
divorced. Married
6. (b) Name of husband or wife. Mrs. Walda E. Holt 6. (c) Age of husband or wife if
alive. Unknown years
7. Birth date of deceased. September 20, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 11 hr. min.

9. Birthplace. Callaway, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Dentist

11. Industry or business. Dentistry

12. Name. George Holt

13. Birthplace. UNK. UNK. 9
(City, town, or county) (State or foreign country)

14. Maiden name. Ida Henley

15. Birthplace. UNK. UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Walda E. Holt

(b) Address. Springfield, Missouri

17. (a) Removal (b) Date thereof. May 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Louis, Missouri

18. (a) Signature of funeral director. Alma Lohmeyer Funeral Home
Springfield, Missouri

(b) Address. Springfield, Missouri

19. (a) 5-2-44 (b) O. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Greene 39
(c) City or town. Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 Meadowmere 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1,
year 1944 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from
April 30, 1944 to May 1, 1944
that last saw him alive on April 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis
of heart

Due to. Ch. Hipelonephritis

Due to. Ch. Hipelonephritis

Due to. Ch. Hipelonephritis

Other conditions. Ch. Hipelonephritis

(Include pregnancy within 3 months of death)

Major findings: 1330

Of operations. 1330

Of autopsy. 1330

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (Specify type of place)

(c) Means of injury.

23. Signature. Walter S. Smith (M. D. or other)

Address. Springfield, Mo. Date signed 5-2-44

MAY 24 1943

JUL 28 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harlow Knobb

Licensed Embalmer No. *4065*

P. O. Address *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.